

# 7

## COALITIONS, OUTREACH AND SYSTEMS CHANGE

### A. Regional Coalitions

The cancer control specialist must build and maintain one (1) regional comprehensive cancer control coalition (or more depending on geography) to develop, help implement, revise and evaluate the Contractor's regional work plan.

The cancer control specialist must ensure quarterly that:

- (i) coalition(s) meet as demonstrated by meeting agendas;
- (ii) attendance of coalition members is recorded on meeting minutes or sign-in sheet;
- (iii) a professionally and regionally diverse membership is recruited from each county in the Contractor's multi-county area as demonstrated on the coalition roster to include town names and professional or personal affiliation;
- (iv) coalition(s) seek and track local-level policy changes related to the Montana CCC Plan priorities as demonstrated by the list of local-level policy changes regarding important cancer control outcomes including physical activity, nutrition, tobacco, screening, tanning, insurance coverage, and professional education within the work plan;
- (v) coalition(s) members will identify and accomplish regional activities to strengthen community capacity and support implementation of evidence-based cancer control activities consistent with the Montana CCC Plan priorities as recorded on meeting minutes.

#### 1. How can a coalition create community change?

- It allows organizations to become involved in new and broader issues without having the sole responsibility for managing or developing those issues.
- It demonstrates and develops widespread public support for issues, actions or unmet needs.
- It maximizes the power of individuals and groups through joint actions.
- It minimizes duplication of effort and services.
- It improves trust and communication among groups that would normally compete with one another.
- It helps mobilize more talents, resources and approaches to an issue than any single organization could achieve alone.
- Its flexible nature helps it to exploit new resources in changing situations.

## 2. How is a healthy, active coalition launched?

- **Assemble a core planning group**  
Bring together enough of the right people who have a common interest around the issue or need and are willing to meet regularly to plan for their community.
- **Discuss the health problem or needs to be addressed**  
Discussions need to produce agreement on the health problems or needs of the community. The group must develop a clear understanding of the issues and a consensus of the need for action.
- **Clarify the group's mission and priority issues**  
Group members need to see themselves working towards a common goal and should be able to describe the mission in a few short words.
- **Identify priority populations and interventions most likely to succeed**  
Based on data and collective wisdom, target populations and possible interventions should be discussed. Partners will want to include representatives from the identified audience in the coalition membership.
- **Identify and recruit additional partners**  
Consider who else should be at the table and if the group is strong enough with the current members. It is important to recruit representatives from as many segments of the community as possible. Diverse representation will strengthen your planning and implementation. Have current members invite new members to participate.
- **Choose a leader and define member roles**  
It is necessary to designate group leadership. Initial leadership should come from the core planning group. The group can also elect co-leaders to divide the leadership role. It is also important to define individual members' jobs. Individual members can be more successful if they are empowered to work on their defined role outside of a group setting and make some of their own decisions. For example, establishing workgroups within the coalition, i.e. recruitment, outreach, fundraising, etc.
- **Develop a work plan to address priority issues**  
As a team, write a work plan to reach your designated audience with the interventions most likely to succeed. The work plan should include specific measurable objectives. Each objective should then have detailed action steps with a defined timeframe and a member assigned to oversee each action step. The work plan can also list out resources the coalition will need to obtain, such as funding or materials.
- **Work to build involvement, ownership and consensus**  
Active involvement by members is critical. However, it may take some time for team members to get involved and feel connected to the team. Training about health promotion and project goals will help members feel more confident of their participation and decision-making. Work to involve all members and when possible, proceed with group consensus.

- **Implement the work plan through the full partnership or through designated work groups**

The work plan is a working document for implementing interventions and can be adapted as needed. If the coalition has a narrowly defined mission, it may work well to plan and implement the work plan as a full group. But if your mission is more broad-based and the partnership has several priority issues, it may be more effective to divide into work groups.

- **Provide the coalition enough structure to continue and grow**

Coalitions vary from formal to informal working structures. Some coalitions function better with formalized by-laws and organizational structure. Others function more effectively with an informal structure. Adopt a structure that meets the needs of group members and the task at hand. Do not overlook that a method for maintaining leadership and members will be essential for a coalition to continue and grow.

## **B. American Indian Outreach**

The Montana American Indian Women's Health Coalition (MAIWHC) is funded through the MCCP as part of a statewide program to promote cancer screening services on seven reservations, Little Shell Chippewa Tribe and five urban centers in Montana. MAIWHC is made up of community and professional American Indian women whose purpose is to guide and assist the MCCP with the American Indian Screening Initiative.

Cancer control specialists in cooperation with the American Indian screening coordinator (AISC) and MAIWHC members will develop and implement community-based and interpersonal education and outreach efforts for their respective regions. To assist with outreach to American Indian people, a screening event protocol has been established and is listed below:

### **1. Purpose of a Screening Event**

To increase the number of American Indian people screened for breast, cervical and colorectal cancer through the Montana Cancer Control Programs (MCCP).

### **2. Planning is the key to success**

A cancer control specialist may initiate a plan for a specific event or may be invited to participate in an event that is being planned by a local coalition or clinic staff.

The cancer control specialist should:

- First, contact the AISC when initiating the plan or immediately after being invited to participate in an event.
- The MCCP AISC will work with the cancer control specialist to ensure MCCP collaboration and support.
- Involve local coalitions and/or MAIWHC members in the screening event as volunteers and resource personnel.

### **3. Contact the AISC for a work plan and budget template.**

- The plan and budget must be submitted at least one (1) month prior to the event for review and approval before the AISC can commit MCCC resources.
- An evaluation report of the event will be due to the AISC one (1) month after the event.
- Work plan elements that must be included are:
  - Any facilities that will be involved. Is there an expense or in-kind donation?
  - Date of planned event.
  - All staff involved and their duties. Include professional staff and any other staff resources that will be needed. (Is the provider enrolled? Will the facility be staffed? Will the Mammography tech be present on the day of the event?)
  - The number of people who will receive services.
  - How will people be recruited or invited to the event?
  - How will the staff at the event ensure client confidentiality?
  - How will screening results be released to the client's primary care provider and how will the client be informed?
- How will the MCCC data collection forms be completed, signed and sent to the cancer control specialist?
- How will the follow-up and case management of abnormal test results be completed in a timely manner?
- What is the plan to contact people who are not residents in the immediate area? (Pow-wow participants, out-of-state clients).
- What is the plan (if needed) for transportation of MCCC clients?
- What is the plan for media coverage of the event? (Before, during and after the event.)
- How will the event be evaluated?

### **4. Suggestions to make the event more successful:**

- Identify and enroll MCCC eligible people prior to the event if possible.
- Make sure there are alternative funding sources for people who are not MCCC eligible. For example IHS or contract health funds, Medicaid or donated services.
- Use this setting to inform and educate people of all ages. Promoting preventive wellness and a safe environment to access services. Invite other health promotion organizations to participate. Offer a variety of health-related information.
- Offer a planned activity for people while they are waiting to be screened.
- Offer incentives for completed screens.
- Have clients and providers evaluate the screening event to identify quality of care issues and efficiency of routing process.

**5. Suggestions for the use of MCCP resources. These and other items that may be considered for both real and in kind expenses:**

- Supplies and services (mobile mammography).
- Personnel to help with the logistics, registration etc.
- Travel for clients to and from the event.
- Incentives and other expenses such as brochures, posters, announcements.

**6. The evaluation and report of the screening event should include:**

- The number of MCCP eligible people screened during the event.
- The number of people who are appointed or partially completed. Briefly document the plan to complete the services. Document the plan to complete tracking and follow-up for abnormal test results.
- The total number of people who received breast, cervical and colorectal health education.
- The total of expenses including in-kind from other sources. Expenses will be reconciled with the budget and invoices before payment is made.
- Identify what went well and what was challenging.
- Identify education and training needs for the local providers that can enhance future events.

## **C. Policy and Systems Change**

Policy and systems change focuses on activities that are sustainable and impact groups of people rather than one-on-one behavior change. Cancer control specialists will work to leverage existing resources and infrastructure to increase screening in the general population. Specific activities will be defined in the cancer control specialist's regional work plan and include the following:

**1. Non-Medical Systems Change Activities**

- (a) Partner with a minimum of one (1) new non-medical systems change organization in addition to continuing activities with the two (2) previously established systems change organizations from 2010-11 contract year. The new non-medical systems change organization must be identified and implementation must begin by the end of the first quarter of the task order year. Follow-up activities with previous non-medical systems change partners will continue over multiple years and be included in contractor work plan.
- (b) Non-medical systems change activities increase breast, cervical, and colorectal cancer (or a combination thereof) screening rates in the general population. Implement at least two (2) of the following activities in each organization:
  - (1) Evaluate insurance coverage for cancer screening with the goal of expanding coverage to include colorectal, breast and cervical cancer screening;
  - (2) Work with organizational management to adopt policies that support preventive care (e.g. time off for cancer screening, no or reduced co-pays);

- (3) Include cancer screening information to expand current wellness program or work with management to establish a wellness program that includes information on cancer screening;
- (4) With prior approval from the Department, implement small media campaign(s) to increase awareness of personal need of cancer screening and insurance coverage.

When assessing an organization or system to partner with consider the following:

- Does the organization serve our screening target populations or a sub-group within the target populations?
- Does the organization see cancer as an issue?
- Do they already have health-related activities in place?
- Are they willing to partner with you on a health-related activity?

## 2. Medical Systems Change Activities

- (a) Increase colorectal screening by assisting a minimum of one (1) clinician office during the task order year to implement the *How to Increase Colorectal Cancer Screening Rates in Practice Toolbox* as documented on Toolbox Forms 1 & 2. Toolbox sites must be identified and implementation must begin by the end of the first quarter of the task order year.
- (b) Educate clinician office on using the Toolbox to provide recommendations and referrals for breast and cervical cancer screening.
- (c) In partnership with clinician offices, utilize small media (approved by the Department) to educate patients, with the goal to increase breast, cervical and colorectal cancer (or a combination thereof) screening rates.
- (d) Participate with state staff or their designated individual(s) to conduct a pre- and post-chart audit of selected Toolbox site as requested by the Department.

The Toolbox addresses Four Essentials for improving screening rates: a physician recommendation, an office policy, an office reminder system and an effective communication system. Cancer control specialists will provide support and technical assistance to local physician offices to implement the Toolbox. The Toolbox basics are listed below. For detailed process and steps refer to the full Toolbox document.

- Physician recommendation:
  - There is well established evidence for the influence of a physician's recommendation on the cancer screening decisions of their patients.
  - Physician recommendation is the most powerful influence on individual patient decisions to undergo cancer screening.
  - To provide the correct screening recommendation for CRC, the physician needs to be up-to-date on the current screening guidelines.
  - To make use of the physician recommendation evidence, a clinician should recommend screening at every opportunity. And the clinician needs to not only provide the screening recommendation but follow through on screening results and refer for diagnostic testing if need be.
- Office Policy:
  - Along with the physician recommendation, a systematic approach is needed to ensure that all eligible patients leave their visit with a screening recommendation.

- Office policies are the foundation of a systematic approach. Policies do not need to be the same in every office but just need to exist in some form.
- A policy should include:
  - A risk assessment tool to determine the recommended screening options for each patient.
  - Offices should be aware of local medical resources for screening options that are realistic and accessible for the patients.
  - Differences in coverage for screening options, deductibles, co-pays and un-insured patients.
  - Involve the patient in the decision making process. Share decision-making between the patient and clinician, including discussion of patient screening preference.
- The office policy will be unique to each setting. It does not need to include all screening options, the office can choose what to offer based on recommendations and resources available. A policy should outline a step-by-step procedure to screen for CRC.
- Office reminder system:
  - For patients, reminders both educate and instigate action. Using theory based (stages of change, health belief model) education and having the education take place actively (phone or in person) rather than passively (generic postcard) has the most effect on increasing screening. Patient prompts provided throughout the office visit from the time they walk through the door to the time they leave and calls to remind them for follow-up are examples of active reminders.
  - All provider focused intervention strategies have been documented to be effective in raising screening rates.
  - Chart prompts: There is no substitute for a visual prompt to focus provider attention at the right moment.
  - Audits and Feedback: While time consuming, collecting this information is not complicated and is essential for maintaining the quality of practice.
  - Ticklers and logs: A tickler system is organized by test completed. The office staff waits for results and follows-up appropriately. Log sheets record information of all patients who have had the same test. The office staff waits for results and follows-up appropriately.
  - Staff assignments: Staff can help boost screening rates by encouraging screening or initiating the process.
- Effective communication system:
  - The final essential in the toolbox is an effective communication system. Communication tools and systems can convey clear advice to screen without increasing the time pressure on the physician-patient encounter.
  - The right information at the right time is the communication that will make a difference. The stages of change theory tailors messages to where a person is at on the scale of readiness to change their behavior: pre-contemplation, contemplation, action and maintenance.
  - Physicians and office staff should aim for shared decision with the patient about screening options.
  - When staff are explicitly involved in making practice improvements, it becomes easier to achieve the desired goals.

## **D. Provider Education**

Cancer control specialists work closely with medical service providers to increase cancer screening rates. It is important to maintain communication with these medical providers and keep them updated on current cancer screening information.

- Educate medical service providers on MCCC screening services, the importance of physician recommendation for cancer screenings and that the insured population is not utilizing screening benefits.
- Provide screening enrollment packets and instructions for completion to each interested medical service provider.
- Provide at least one (1) orientation program to each medical service provider in the multi-county area, through group or individual offerings.
- Provide each enrolled medical service provider a reference to [www.cancer.mt.gov](http://www.cancer.mt.gov) for a current MCCC PPM and/or updates.